

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

8

1. PLACE OF DEATH
A. COUNTY **Yuma**B. LENGTH OF STAY
IN THIS TOWN **2 MOS** IN ARIZONA **2 MOS**2. USUAL RESIDENCE
A. STATE **Arizona**(WHERE DECEASED LIVED,
IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
B. COUNTY **Yuma**C. CITY
OR TOWN **Yuma**☐ IN CITY LIMITS
☒ OUTSIDE CITY LIMITSC. CITY
OR TOWN **Yuma**☐ IN CITY LIMITS
☒ OUTSIDE CITY LIMITSD. FULL NAME OF
HOSPITAL OR
INSTITUTION **Apt 134 Mesa Vista Homes**D. STREET (IF RURAL, GIVE LOCATION)
ADDRESS **Apt 134 Mesa Vista Homes**
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒3. NAME OF
DECEASED
(TYPE OR PRINT) **ERIC**B. (MIDDLE) **LATRETT**C. (LAST) **SOLOMON**4. SEX **M**5. COLOR OR RACE **Negro**6A. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (SPECIFY)
Never Married

6B. NAME OF SPOUSE

7. DATE OF BIRTH
MONTH **Oct** DAY **21** YEAR **1960**8. AGE (IN YEARS)
LAST BIRTHDAY **2**IF UNDER 1 YEAR
MONTHS **12** DAYS **12**IF UNDER 24 HRS.
HOURS **12** MIN. **12**9A. USUAL OCCUPATION (GIVE KIND OF
WORK DURING MOST OF LIFE EVEN IF RETIRED)
Child9B. KIND OF BUSI-
NESS OR INDUSTRY
Home10. BIRTHPLACE (STATE
OR FOREIGN COUNTRY)
ARIZONA11. CITIZEN OF WHAT
COUNTRY?
USA12. WAS DECEASED EVER IN U. S. ARMED FORCES?
(YES, NO, OR UNKNOWN) **NO**
(IF YES, WAR OR DATES OF SERVICE)13. SOCIAL SECURITY
NO.
NONE14A. FATHER'S NAME
THURMAN SOLOMON14B. BIRTHPLACE
(STATE OR COUNTRY)
TEXAS15A. MOTHER'S MAIDEN NAME
ALICE PILOT15B. BIRTHPLACE
(STATE OR COUNTRY)
UTAH

16. INFORMANT'S SIGNATURE

ADDRESS

17. DATE
OF DEATH(MONTH) **JANUARY**(DAY) **3**(YEAR) **1961**

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER
LINE FOR (A), (B), (C).THIS DOES NOT MEAN THE
MODE OF DYING, SUCH AS
HEART FAILURE, ASTHMA,
ETC. IT MEANS THE DISEASE,
INJURY, OR COMPLICATION
WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE
CAUSE (A) STATING THE UN-
DERLYING CAUSE LAST.(A) **Pneumonitis, Acute, Bilateral**

DUE TO (B)

DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT
RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.**Hypertrophic Thymus**INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

1/4/61

19B. MAJOR FINDINGS OF OPERATION

Those above - Autopsy Surgeon

20. AUTOPSY

YES ☒ NO ☐21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **never** 19 **19** TO **19** THAT I LAST SAW THE DECEASED
ALIVE ON **19** AND THAT DEATH OCCURRED AT **Approx 3:00 A.M.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE

(DEALER OR TITLE)

22B. ADDRESS

22C. DATE SIGNED

23A. ACCIDENT
SUICIDE
HOMICIDE
NATURAL CAUSE

(SPECIFY)

23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME,
FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

23C. (CITY OR TOWN)

(COUNTY) (STATE)

23D. TIME (MONTH) (DAY) (YEAR) (HOUR)
OF INJURY **M**23E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE

24B. ADDRESS

Yuma, Arizona

24C. DATE SIGNED

25A. BURIAL

CREMATION ☐ RECYCL ☐25B. DATE
Jan 5, 196125C. NAME OF CEMETERY OR CREMATORY
Desert Lawn Memorial Park25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
Yuma, Yuma, Arizona26A. DATE REC.
BY LOCAL REG.26B. REGISTRAR'S SIGNATURE
Marie Nelson27A. FUNERAL DIRECTOR'S SIGNATURE
O. C. Dordal27B. ADDRESS
Yuma Arizona

28A. EMBALMER'S SIGNATURE

28B. EMBALMER'S CERT. NO.

Ray E Bower**168 A**